PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or $\underline{\underline{\mathcal{D}}}$ ocket Number

10688773

OLAMAC AC EU ED CATA												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE					R THAN
TOTAL CLAIMS			1	1		(COIGITAL 2)		RATE			SMALL	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	FEE 385.0		RATE BASIC FEE	FEE 770.00
	TOTAL CHARG	EABLE CLAIMS	1 / "	/ minus 20=		*			1 500.0			770.00
IN	NDEPENDENT	CLAIMS	/ minus 3 =		*			X\$ 9=		OR	X\$18=	
N	IULTIPLE DEPE	ENDENT CLAIM I						X43=	<u> </u>	OR	X86=	ļ
L	If the difference	e in column 1 is	loce than	less than zero, enter				+145=		OR	+290=	,
						column 2		TOTAL		OR	TOTAL	
_	·	(Column 1)	AMENDE	(Colum	n 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	3	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRES	* ENTATION OF M	_1	Minus *** TIPLE DEPENDENT			ı	X43=		OR	X86=	
			OLIN EL DE	.FENDENT	CLAIM		ſ	+145=		OR	+290=	
							L	TOTAL		$\frac{1}{2}$	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE	<u> </u>	_	DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=	
AM	Independent	* NTATION OF ML	Minus	***		=		X43=		OR	X86=	
•	THOTTHEOL	MIATION OF MC	THPLE DE	PENDENT	LAIM			+145=		OR	+290=	
								TOTAL DIT. FEE		L	TOTAL DDIT. FEE	
					• ^	DDN. 1*22 L						
CNOMENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			X\$18=	1-6-
	Independent		Minus	***		=	-	X43=		"F	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-	7,40=		OR -	∧00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3											+290=	
***!!	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pain per Previously Paid	d For" IN THIS d For" IN THIS	SPACE is le	ss than	20, enter "20."		TOTAL DIT. FEE		OR AE	TOTAL DIT. FEE	
		•	,				20110	··· uic appi	UPI KALU DOX	III COIUN	HII I.	